

County: Trempealeau
TREMPEALEU COUNTY HEALTH CARE CENTER - IMD
W20298 STATE ROAD 121

Facility ID: 8842

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WHITEHALL 54773 Phone: (715) 538-4312
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 34
Total Licensed Bed Capacity (12/31/01): 34
Number of Residents on 12/31/01: 33

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? No
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 33

County
Skilled - IMD
Yes
No
Yes
33

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis		Age Groups		Less Than 1 Year			
Home Health Care	No					27.3			
Supp. Home Care-Personal Care	Yes					1 - 4 Years		27.3	
Supp. Home Care-Household Services	Yes	Developmental Disabilities 0.0		Under 65 6.1		More Than 4 Years		45.5	
Day Services	No	Mental Illness (Org./Psy) 24.2		65 - 74 51.5				-----	
Respite Care	Yes	Mental Illness (Other) 72.7		75 - 84 27.3				100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse 0.0		85 - 94 15.2				*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic 0.0		95 & Over 0.0				Full-Time Equivalent	
Congregate Meals	No	Cancer 0.0						Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures 0.0						(12/31/01)	
Other Meals	No	Cardiovascular 3.0		65 & Over 93.9				-----	
Transportation	Yes	Cerebrovascular 0.0						RNs	
Referral Service	No	Diabetes 0.0		Sex				LPNs	
Other Services	Yes	Respiratory 0.0						Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions 0.0		Male 60.6				Aides, & Orderlies	
Mentally Ill	Yes			Female 39.4					
Provide Day Programming for		100.0							
Developmentally Disabled	Yes			100.0					

Method of Reimbursement

Table 1: Breakdown of Care Services by Funding Source																					
		Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per	No.	%	Per	No.	%	Per	No.	%	Per	No.	%	Per	No.	%	Per	Total Resi- dents	% Of All	
			Di em (\$)			Di em (\$)			Di em (\$)			Di em (\$)			Di em (\$)			Di em (\$)			
Int. Skilled Care	0	0.0	0	3	9.7	116	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	9.1	
Skilled Care	0	0.0	0	27	87.1	99	0	0.0	0	2	100.0	120	0	0.0	0	0	0.0	0	29	87.9	
Intermediate	---	---	---	1	3.2	82	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	3.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	0	0.0		31	100.0		0	0.0		2	100.0		0	0.0		0	0.0		33	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	9.1	51.5	39.4	33
Other Nursing Homes	30.0	Dressing	21.2	51.5	27.3	33
Acute Care Hospitals	50.0	Transferring	48.5	51.5	0.0	33
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	24.2	45.5	30.3	33
Rehabilitation Hospitals	0.0	Eating	54.5	39.4	6.1	33
Other Locations	20.0	*****				
Total Number of Admissions	10	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	3.0	Receiving Respiratory Care		12.1
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	48.5	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	18.2	Receiving Suctioning		0.0
Other Nursing Homes	10.0			Receiving Ostomy Care		0.0
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding		3.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		39.4
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	90.0	With Pressure Sores	0.0	Have Advance Directives		81.8
Total Number of Discharges		With Rashes	6.1	Medications		
(Including Deaths)	10			Receiving Psychoactive Drugs		90.9

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.1	87.7	1.11	88.0	1.10	84.4	1.15	84.6	1.15
Current Residents from In-County	48.5	76.7	0.63	74.3	0.65	75.4	0.64	77.0	0.63
Admissions from In-County, Still Residing	50.0	28.2	1.77	36.2	1.38	22.1	2.26	20.8	2.40
Admissions/Average Daily Census	30.3	91.3	0.33	110.6	0.27	118.1	0.26	128.9	0.24
Discharges/Average Daily Census	30.3	92.8	0.33	90.2	0.34	118.3	0.26	130.0	0.23
Discharges To Private Residence/Average Daily Census	0.0	32.9	0.00	23.0	0.00	46.1	0.00	52.8	0.00
Residents Receiving Skilled Care	97.0	90.8	1.07	81.8	1.19	91.6	1.06	85.3	1.14
Residents Aged 65 and Older	93.9	88.8	1.06	96.8	0.97	94.2	1.00	87.5	1.07
Title 19 (Medicaid) Funded Residents	93.9	67.9	1.38	79.1	1.19	69.7	1.35	68.7	1.37
Private Pay Funded Residents	6.1	19.7	0.31	18.6	0.33	21.2	0.29	22.0	0.28
Developmentally Disabled Residents	0.0	0.8	0.00	0.4	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	97.0	46.1	2.10	60.5	1.60	39.5	2.46	33.8	2.87
General Medical Service Residents	0.0	14.8	0.00	11.1	0.00	16.2	0.00	19.4	0.00
Impaired ADL (Mean)	46.1	49.7	0.93	46.3	0.99	48.5	0.95	49.3	0.93
Psychological Problems	90.9	56.1	1.62	62.1	1.46	50.0	1.82	51.9	1.75
Nursing Care Required (Mean)	7.6	6.7	1.13	4.3	1.74	7.0	1.08	7.3	1.03